

Announcement of Funding Availability Family Peer-to-Peer Support Services



Proposal Guidance and Instructions

AFA Title: Family Peer-to-Peer Support Services
Targeting Regions: Statewide
AFA Number: AFA 1-2017-CMH

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
350 Capital Street, Room 350
Charleston, WV 25301-3702

For Technical Assistance please include the AFA # in the subject line and forward all inquiries in writing to:

DHHRBHHFAnnouncement@wv.gov

Key Dates:	
Date of Release:	July 22, 2016
TECHNICAL ASSISTANCE MEETING:	July 28, 2016 more details to follow
Application Deadline:	September 9, 2016 Close of Business–5:00PM
Funding Announcement(s) To Be Made:	September 23, 2016
Funding Amount Available:	Not to exceed \$575,000.00

The following are requirements for the submission of proposals to the BBHFF:

- ☛ Responses must be submitted using the required Proposal Template available at <http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx>
- ☛ Responses must be submitted electronically via email to DHHRBHHFAnnouncement@wv.gov with “Proposal for Funding” in the subject line. Paper copies of the proposal will not be accepted. Notification that the proposal was received will follow via email from the Announcement mailbox.
- ☛ A Statement of Assurance agreeing to these terms is required of all proposal submissions available at DHHR.WV.GOV/BHHF/AFA. This statement must be signed by the agency’s CEO, CFO, and Project Officer and attached to the Proposal Template.
- ☛ To request additional Technical Assistance forward all inquiries via email to DHHRBHHFAnnouncement@wv.gov and include “Proposal Technical Assistance” in the subject line.

FUNDING AVAILABILITY

The Bureau for Behavioral Health and Health Facilities (BBHFF) is soliciting applications from public or private, not-for-profit agencies with experience in serving individuals and families experiencing behavioral health challenges to provide:

- 1) Family Peer-to-Peer Support Services Technical Assistance and
- 2) Direct family and parent peer support services for families who meet eligibility criteria, beginning in selected counties.

This dual-component funding opportunity is designed to build the resiliency of families and youth, and to strengthen the capacity of families to care for children at home, ultimately avoiding unnecessary hospitalization or residential treatment.

To accomplish these outcomes the Bureau for Behavioral Health and Health Facilities is pleased to announce the availability of funds for the development of peer supports for parents and caregivers of children with serious behavioral health challenges. This funding opportunity consists of two components. The first component is the development of a Family Peer-to-Peer Support Technical Assistance and Resource Program to promote practices that are individualized, strengths-based and driven by the individual or family. During the first year of the grant, the awardee will organize and support an advisory team to research and recommend financially sustainable practices that are peer based/peer delivered. The awardee will identify and engage a full range of peer-based services in the state to be represented on the team, conduct research, provide educational opportunities and recommendations to stakeholders about best practices and financing strategies, and propose an ongoing function of Family Peer-to-Peer support technical assistance.

The second component is the development of regional Family Peer-to-Peer support services, prioritizing families whose child is returning to the community from a Psychiatric Residential Treatment Program (PRTF) or other residential treatment service with support from the Children's Wraparound Pilot Program or Safe At Home. The primary goal of this funding is to deliver peer support services to parents/caregivers of youth with significant emotional and behavioral challenges. **It should be understood by the applicants that the specific configuration of this service will evolve over the course of time in response to information that emerges from the research and technical assistance component.**

Funding in the amount of \$575,000.00 per year will be available for the October 1, 2016 through September 30, 2017 grant period. There will be one grant award for statewide coverage.

- **Part One** - Planning for a Parent Peer Support Technical Assistance and Resource Program. Up to \$75,000

- **Part Two** - Regional Family Peer Support Services delivered by Peer Support Specialists covering BBHMF's 6 regions, with focus on children referred for the Children's Wraparound Pilot and Safe At Home.

Up to \$500,000

Total Funding

Up to \$575,000

The applicant must respond to both Parts One and Two of this proposal. A one-year agreement will be awarded, for up to \$575,000 annually, with a second year agreement anticipated but subject to annual performance review.

STATEWIDE	\$ 575,000
------------------	-------------------

Section One: INTRODUCTION

The West Virginia Department of Health and Human Resources' Bureau for Behavioral Health and Health Facilities (BBHFF) envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The mission of the Bureau is to ensure that West Virginians with mental health and/or substance use disorders, intellectual/developmental disabilities, chronic health conditions or long term care needs experience quality services that are comprehensive, readily accessible and tailored to meet individual, family and community needs.

Within the Bureau, the Programs and Policy Section provides oversight and coordination of policy, planning, development, funding and monitoring of statewide community behavioral health services and supports. Emphasis is placed on function rather than disability, and improving planning and cooperation between facility and community-based services. Programs and Policy includes the Division on Alcoholism and Drug Abuse, Division of Adult Mental Health, Division of Child and Adolescent Mental Health, Division of Intellectual and Developmental Disabilities, and the Office of Consumer Affairs and Community Outreach.

Partnerships and collaboration among public and private systems, as well as with individuals, families, agencies and communities, are important components of the systems of care surrounding each person. The role of the Bureau is to provide leadership in the administration, integration and coordination of the public behavioral health system. The work is informed by results of a multi-year strategic planning process that includes critical partners in planning, funding and delivering services and supports.

The following Strategic Priorities guide services and service continuum development:

Behavioral Health System Goals	
<i>Priority 1 Assessment and Planning</i>	<i>Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the WV behavioral health service delivery system.</i>
<i>Priority 2 Capacity</i>	<i>Build the capacity and competency of WV's behavioral health workforce and other stakeholders to effectively plan, implement, and sustain comprehensive, culturally relevant services.</i>
<i>Priority 3 Implementation</i>	<i>Increase access to effective behavioral health prevention, early identification, treatment and recovery management that is high quality and person-centered.</i>
<i>Priority 4 Sustainability</i>	<i>Manage resources effectively by promoting good stewardship and further development of the WV behavioral health service delivery system.</i>

Section Two: **FINANCIAL, LEGAL, & PROGRAMMATIC DESCRIPTION**

Historically, parents searching for services for their children with serious emotional disturbances and other complex support needs have found access to only a limited array of services: traditional outpatient therapy, psychiatric residential treatment facilities, or inpatient psychiatric hospitals, all of which are funded through third party insurance, including Medicaid. Over twice as many youth are placed in a Psychiatric Residential Treatment Facility (PRTF) by parents, as are youth who are in state's custody. In FY2014, 419 youth were placed in out of state PRTFs; 300 of them were in parental custody. The counties with the most parental cases placed out-of-state are Kanawha, Raleigh, Berkeley, Harrison, Marion and Cabell Counties.

Additionally, West Virginia parents report difficulty and distress over the task of having to navigate multiple systems to obtain the needed services and supports for their children and themselves. Some parents describe feeling overwhelmed, outnumbered, and discounted, even as they acknowledge that everyone involved is trying to help. Meeting the daily demands of being the parent of a child with intensive and complex needs in and of itself requires extraordinary effort, dedication, and resourcefulness. Doing so with the help of West Virginia's public systems should not be more taxing for them than doing it alone.

For children in parental custody, the BBHMF is piloting initiatives to reduce unnecessary referral to acute psychiatric hospitals, Psychiatric Residential Treatment Facilities (PRTFs), and other intensive residential treatment programs, and reduce the length of stay for those who are referred. BBHMF is partnering with the Bureau of Children and Families (BCF), the Bureau for Medical Services (BMS), the Bureau for Public Health (BPH), licensed behavioral health providers, and other organizations and entities with interest in and history in serving children with serious emotional disturbance, substance use or co-occurring disorders, as well as children/youth with co-existing disorders.

A growing body of national research finds that significant advances in the delivery of family and youth behavioral health services are accomplished with ongoing access to family peer support. As noted in a report from the National Technical Assistance Center for State Mental Health Planning (NTAC), "as traditional mental health programs are strained by demands for services at a time of limited fiscal resources, the inclusion of consumer-operated peer support services within the continuum of community care is expanding the capacity of the mental health delivery system and promoting recovery in cost effective ways." ¹

¹ http://www.nasmhpd.org/general_files/publications/ntac_pubs/reports/peer%20support%20practices%20final.pdf

A vital aspect of peer support organizations is the promotion of and engagement in activities that strengthen and empower families to use their voices and unique experiences to influence policy and practices and advocate for a family-driven, youth guided mental health service delivery system. Peer support organizations serve as a conduit to increase family and youth involvement in peer supports, building peer support capacity in the community, while training a viable peer support workforce. Family peer support organizations educate, train and provide technical assistance to providers, government agencies and managed care organizations about the value of youth and parent peer support and how to incorporate these into the service continuum.

In addition, peer support for parents/caregivers promotes a strength based approach by assisting families and youth to identify their own strengths, abilities, and treatment goals, teaching self-advocacy skills and modeling parent/professional partnerships. Providing these services to families involved in High Fidelity Wraparound services enhances engagement and service utilization. Family peer-to-peer support, delivered by trained individuals with “lived experience,” provides skills and information that serve as a critical base to empower families and youth toward resilience and recovery.

As the understanding of the importance and value of using peer advocates in the children’s mental health services system increases, the need for a technical assistance resource with expertise in and knowledge of family peer support services becomes critical. Technical assistance offered by a resource program with expertise in education, training, outreach, non-legal advocacy and service development would provide the necessary guidance to service providers, peer support programs, government agencies and managed care organizations interested in developing family and youth guided policies and person-centered services.

To accomplish these outcomes the Bureau for Behavioral Health and Health Facilities is pleased to announce the availability of funds for the advancement of peer supports for parents and caregivers of children and youth with serious behavioral health challenges. This funding opportunity consists of **two components**. **The first component is the development of a Family Peer-to-Peer support technical assistance and resource program** to promote practices that are family driven and youth guided. During the first year of the grant, the awardee will organize and support an advisory team to research and recommend financially sustainable practices that are peer based/peer delivered. The awardee will identify and engage peer-based programs in the state to be represented on the team, conduct research and provide education and recommendations to stakeholders about best practices and financing strategies, and describe an ongoing role as a technical assistance and resource program for family peer programs.

The second component is the development of regional family peer-to-peer support services, prioritizing families whose child is returning to the community from a Psychiatric Residential Treatment Program (PRTF) or other residential treatment service with support from the Children’s Wraparound Pilot Program or Safe At Home. The primary goal of this funding is to deliver peer support services by parent peer advocates to parents/caregivers of youth with significant emotional and behavioral challenges.

Family Peer-to-Peer Support Services: A System of Care Approach

The System of Care model is an organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving services, increasing access to services, and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with serious emotional disturbances and their families. West Virginia adopted the System of Care values over 20 years ago, and since that time, much work has been done to instill these values into practice. Family Peer-to-Peer Support services provide an essential component of this System of Care approach.

Key Values and Principles of the WV System of Care:

- Services are family driven and youth guided, with strengths and needs determining the types and mix of services and supports provided.
- Services are community-based, with locus of services, as well as system management, within a supportive, adaptive infrastructure of relationships at the community level.
- Services are culturally and linguistically competent, with agencies, programs and services that reflect the cultural, racial, ethnic, and linguistic differences of the population they serve to facilitate access to appropriate services and supports.
- Services are individualized, trauma-informed and developmentally appropriate.
- Services are integrated and coordinated and delivered in the most integrated and most normative environments.

Section Three: **SERVICE DESCRIPTION**

Family Peer-to-Peer Support Services

Purpose

The Bureau for Behavioral Health and Health Facilities (BBHFF) supports evidence-based practices that promote social and emotional wellbeing, prevention approaches, person-centered interventions and self-directed and/or recovery driven support services. The expected outcome of this family peer support service and technical assistance resource program is a greater understanding and communication about the value of peer support services leading to: families and youth who have an increased knowledge of their rights and available services; a service provider network more attuned to the needs of families and youth; and an increased availability of parent peer support services. The result would be a child-serving system informed by family and youth guided practices.

BBHFF's purpose for promoting Family Peer-to-Peer Support Services in West Virginia is to:

1. Promote sustainable peer support services practices that are consistent with the values and principles of the West Virginia System of Care;
2. Provide access to high-quality services that promote family self-sufficiency and self-direction, and optimal social-emotional health for children and their families;
3. Increase positive community-level outcomes for children and youth returning from out of state psychiatric placements to their home communities;

Geographic Focus: Individual and group family support services will be implemented initially in **BBHFF Regions** served by the Children's Wraparound pilots: **Region II (focus on Berkeley County); Region IV (focus on Harrison and Marion Counties); Region V (focus on Cabell and Kanawha Counties); Region VI (focus on Raleigh County).** Applicants may propose statewide service if they choose to, incorporating families served by the Safe at Home initiative.

Target Population: Families who have a child meeting the following criteria.

- Children ages 0 – 21
- With a mental health and/or co-occurring substance abuse or intellectual/developmental disability diagnosis that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities, as demonstrated by:
 - o The child has current or past history of symptoms or behaviors indicating the need for a crisis intervention due to suicidal or homicidal ideation, physical aggression toward others, self-injurious behavior, serious risk-taking behavior (running away, sexual aggression, sexually reactive, or substance use), or

- o The child's symptoms and behaviors are unmanageable at home, school, or in other community settings due to the deterioration of the child's mental health or substance abuse condition, requiring intensive, coordinated clinical interventions.
- Who require services from two or more child serving systems
- Who are at risk of placement, or currently placed in a psychiatric treatment facility or acute care psychiatric hospital who cannot return home without extra support, linkage, and services provided by wraparound, and
- Who are in the legal custody of their parent/caregiver, or participate in Safe At Home. PRIORITY will be given during Year One to youth in parental custody.

Definition of "family peer"

1. Currently raising or has raised a child or youth with emotional, behavioral, or mental health challenges;
2. Current knowledge of the children's mental health system;
3. Experience with and consciousness of the struggle, recognizes the unique perspective based on their life experience of raising a child with mental health challenges.

Service Overview

Family Peer-to-Peer support is an essential enhancement to formal services to promote the health and well-being of children and families. Peer support providers are members of the teams serving children and youth with behavioral health challenges, and are important natural supports to caregivers and the entire family. The Center for Health Care Strategies' 2013 review of family and youth peer support programs revealed emerging evidence of positive outcomes for those receiving peer supports¹:

- Peer support provides benefits of experiential learning and helps connect families to each other and to become reliable allies.
- Parent-to-parent support programs are valued by parents and may improve the emotional functioning of parents who have children with disabilities and help them improve their coping skills.
- The self-efficacy and empowerment of families can be enhanced by providing family support, and this has been associated with a variety of improved outcomes such as service initiation and completion; increased knowledge about the youth's condition and relevant services; satisfaction; and youth functioning at discharge.
- There is encouraging initial evidence of the value of family education and support (FES) in reducing child symptoms and improving child functioning.
- There is evidence of some benefits to the parents and caregivers, including a reduction of stress, improved mental health and well-being, increased self-efficacy, perceived social supports, and increased treatment engagement.

To promote and sustain Family Peer-to-Peer support services, BBHMF envisions development of a **family peer support technical assistance and resource program** to promote practices that are family driven and youth guided. During the first year of the grant, the awardee will:

- Identify the peer-based services in West Virginia that serve individuals and families experiencing behavioral health or disabilities – related challenges and form a workgroup to share information and offer guidance;

- Research models of parent/caregiver peer support that are effective in helping families navigate multiple service systems, understand their child's behavioral health issues, partner with providers, understand their rights as consumers, and other outcomes emerging in national literature;
- Identify and recommend the qualifications/training/certification/supervision of family peer-to-peer support providers;
- Identify and recommend sustainable financial strategies for a statewide family peer-to-peer support program;
- plan and facilitate education of stakeholders about findings and recommendations; and
- describe an ongoing role as a family peer-to-peer support technical assistance and resource program.

BBHHF is also seeking **delivery of regional family peer-to-peer support services** to provide initial engagement and support for families whose child is returning to the community from a Psychiatric Residential Treatment Program (PRTF) or other residential treatment service with support from the Children's Wraparound Pilot Program or Safe At Home. The primary goal of this funding is to deliver information, navigational assistance and support from someone who has had similar experiences. Parent peer support services are provided by a trained individual who is uniquely qualified to work with families based on his/her personal experience parenting a child with similar needs and the specialized training they receive. Services can be provided through individual and group face-to-face work in various settings (e.g., family's home, community, office, telephone or Skype contacts, etc).

Services may include:

Outreach and Information

- Empower families to make informed decisions regarding the nature of supports for themselves and their child through sharing information about resources, services and supports and exploring what might be appropriate for their child and family;
- Explore the needs and preferences of the family and locating relevant resources;
- Help families understand eligibility rules;
- Help families understand the assessment process and identifying their child's strengths, needs and diagnosis;
- Staff a 'warm line' that families can call for information.

Engagement, Navigation and Transition Support

- Accompany the family when visiting programs;
- Assist the family to gather, organize and prepare documents needed for specific services;
- Serve as a bridge between families and service providers, supporting a productive and respectful partnership by assisting the families to express their strengths, needs and goals;
- Support and assist families during stages of transition which may be unfamiliar (e.g.: placements, in crisis, and between service systems, etc.)

¹ Care Management Entities for Children with Serious Behavioral Health Needs: A CHIPRA Quality Improvement Collaborative. Center for Health Care Strategies, Inc. September 2013.

Self-Advocacy, Self-Efficacy and Empowerment

- Advocate on behalf of and in collaboration with families to promote shared decision-making;
- Regularly consult with families and providers to ensure that the family's perspectives are included in all planning and decision making;
- Prepare families for meetings and accompany them when needed;
- Assist families to frame questions to ask providers;
- Provide opportunities for families to connect to and support one another;
- Provide emotional support for the family on their parenting journey to reduce isolation, feelings of stigma, blame and hopelessness.

Community Connections and Natural Supports

- Conduct groups with families to strengthen social skills, decrease isolation, and provide emotional support.
- Enhance the quality of life by integration and supports for families in their own communities;
- Help the family to rediscover and reconnect to natural supports already present in their lives;
- Use the families' knowledge of their community in developing new supportive relationships;

The grantee will also promote effective family centered practice by participating on teams that manage access to care and work to improve quality of care; by partnering in training for service providers on topics such as family engagement, family-centered care, and family-driven decision-making; by attending meetings to promote family voice and infuse a family perspective at all levels.

Section Four: **PROPOSAL INSTRUCTIONS/REQUIREMENTS**

All proposals for funding will be reviewed by the BBHMF staff for administrative compliance, service need, and feasibility. A review team, independent of BBHMF will review the full proposals. Proposals must contain the following components:

- ✓ A completed Proposal for Funding Application, available at <http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx>.
- ✓ A Proposal Narrative consisting of the following sections: Statement of Need and Population of Focus, Proposed Evidence-based Service/Practice, Proposed Implementation Approach, Staff and Organization Experience, Data Collection and Performance Measurement.
- ✓ Together these sections may not exceed **fifteen (15)** total pages. Applicants must use 12 point Arial or Times New Roman font, single line spacing, and one (1) inch margins. Page numbers must also be included in the footer.
- ✓ The following is an outline of the Proposal Narrative content:
 - ✓ Statement of Need and Population of Focus: Describes the need for the proposed service(s). Applicants should identify and provide relevant data on the target population to be served, as well as the geographic area to be served, to include specific Region/county(es) and existing service gaps. Applicants should also explain how the community currently addresses the need for engagement and support of families whose children have behavioral health needs.

For Component One: Family Peer-to-Peer Support Technical Assistance and Research Program

- ✓ Proposed Evidence-Based Service/Practice: Delineates the program/service being proposed and sets forth the goals and objectives for the proposed service(s) during Year One.
- ✓ Proposed Implementation Approach: This section should describe how the Applicant intends to implement the proposed service(s) during Year One to include:
 - A description of the strategies/service activities proposed to achieve the goals and objectives identified above, those responsible for action, and a one (1) year/ twelve (12) month timeline for these activities. Include planning/development, training/consultation, outreach and marketing, implementation, and data management.
 - A description of program implementation and sustainability beyond Year One, including how alternative funding sources will be exhausted.
 - Identification of specific parent peer support service development needs and barriers in the state, how the proposed service will address those needs, and how the applicant will collaborate with existing stakeholders to develop what is needed, including identifying and addressing barriers.
- ✓ Staff and Organization Experience: Describes the Applicant's existing capacity to carry out the proposed service(s), to include its experience and qualifications to reach and serve the target population.

- ✓ Data Collection and Performance Measurement: Describes the outcomes to be measured, and information/data the Applicant plans to collect, as well as their process for: using data to manage and improve quality of the service, ensuring each goal is met and assessing outcomes within the target population
- ✓ References/Works Cited: All sources referenced or used to develop this proposal must be included on this page. This list does **not** count towards the **fifteen (15) page** limit.

For Component Two: Regional Family Peer-to-Peer Support Services.

- ✓ Proposed Evidence-Based Service/Practice: Delineates the program/service being proposed and sets forth the goals and objectives for the proposed service(s) and list all evidenced-based practices (EBPs) that will be used. Applicants should also describe how services/interventions will be trauma informed and support the key principles of the West Virginia System of Care.
- ✓ Proposed Implementation Approach: This section should describe how the Applicant intends to implement the proposed service(s) to include:
 - A description of the strategies/service activities proposed to achieve the goals and objectives identified above, those responsible for action, and a one (1) year/ twelve (12) month timeline for these activities. Include planning/development, training/consultation, outreach and marketing, implementation, and data management.
 - A description of program sustainability, including how existing resources/services and alternative funding sources will be exhausted.
 - An explanation of how the agency will structure and develop family peer-to-peer support services to meet the specific needs of the target population.
 - Identification of the wraparound initiatives in place and planned for the targeted service area, and how the applicant will work collaboratively to assure access to family peer-to-peer supports for participants. Priority will be given to youth in parental custody.
- ✓ Staff and Organization Experience: Describes the Applicant's existing capacity to carry out the proposed service(s), to include its experience and qualifications to reach and serve the target population using a peer-based approach.
- ✓ Data Collection and Performance Measurement: Describes the outcomes to be measured, information/data the Applicant plans to collect, as well as their process for: using data to manage and improve quality of the service, ensuring each goal is met and assessing outcomes within the target population. The ability to collect and report data regarding utilization and outcomes is a crucial element in the proposal.
- ✓ References/Works Cited: All sources referenced or used to develop this proposal must be included on this page. This list **does not** count towards the **fifteen (15) page** limit.

The attachments **do not** count toward the **fifteen (15) page** limit.

- ✓ Attachment 1: Targeted Funding Budget(s) and Budget Narrative(s).
 - ✓ Targeted Funding Budget (TFB) form, includes sources of other funds where indicated on the TFB

form. A separate TFB form is required for any capital or start-up expenses. This form and instructions are located at <http://www.dhhr.wv.gov/bhhf/forms/Pages/FinancialForms.aspx>

- ✓ Budget Narrative for each Targeted Funding Budget (TFB) form, with specific details on how funds are to be expended. The narrative should clearly specify the intent of and justify each line item in the TFB. The narrative should also describe any potential for other funds or in-kind support. The Budget Narrative is a document created by the Applicant and not a BBHMF Fiscal form.
- ✓ Attachment 2: Applicant Organization's Valid WV Business License
- ✓ Attachment 3: Letter of Intent must be submitted with the application to document agreement between the licensed community behavioral health and local educational organizations. Please list full partner information, including agency name, address, phone, key contact person and email address. The Letter of Intent must outline the commitment to planning and eventual implementation of ESMH programming.

Section Five: **EXPECTED OUTCOMES / PERFORMANCE MEASURES**

Expected Outcomes:

1. Reduced parental stress, insecurity, and helplessness
2. Decreased isolation
3. Improved motivational levels, patience, and tolerance
4. Increased ability to take action through gaining knowledge and learning how to take action; sense of empowerment

Performance Measures:

1. Maintain and provide documentation of ALL activities related to service area(s) indicated by:
 - a. Number of Unduplicated Persons Served by Type of Activity
 - b. Number of Unduplicated Persons Served by Age, Gender, Race and Ethnicity, and Diagnosis(-es)
2. Maintain and provide documentation related to the following:
 - a. Number of Cross Planning (partnering/multi-system collaborative) initiatives, service activities implemented with other sectors indicating type and number
 - b. Number and type of professional development trainings attended and provided
 - c. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted
3. Submit all service data reporting by the 25th working day of each month as related to the Expected Outcomes/Performance Measures.

Section Six: **CONSIDERATIONS**

LEGAL REQUIREMENTS

Eligible applicants are public or private organizations with a valid West Virginia Business License and/or units of local government. If the applicant is not already registered as a vendor in the State of West Virginia, registration must either be completed prior to award or the vendor must demonstrate proof of such application.

The Grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the designated Grantee applicant to be the sole point of contact with regard to all contractual matters. The grantee may, with the prior written consent of the State, enter into written sub agreements for performance of work; however, the grantee shall be responsible for payment of all sub awards.

START UP COSTS

Applicants who wish to request reasonable startup funds for their programs must submit a separate “startup” target funded budget (TFB) and budget narrative along with their proposals. For the purposes of this funding, startup costs are defined as non-recurring costs associated with the initiation of a program. These include costs such as fees, registrations, training, equipment purchases, renovations and/or capital expenditures.

For the purposes of proposal review, all startup cost requests submitted by the applicant will be considered to be necessary for the development of the proposed program. If, when taken together, the startup costs and program costs exceed funding availability BBHMF will contact the applicant organization and arrange a meeting to discuss remedial action.

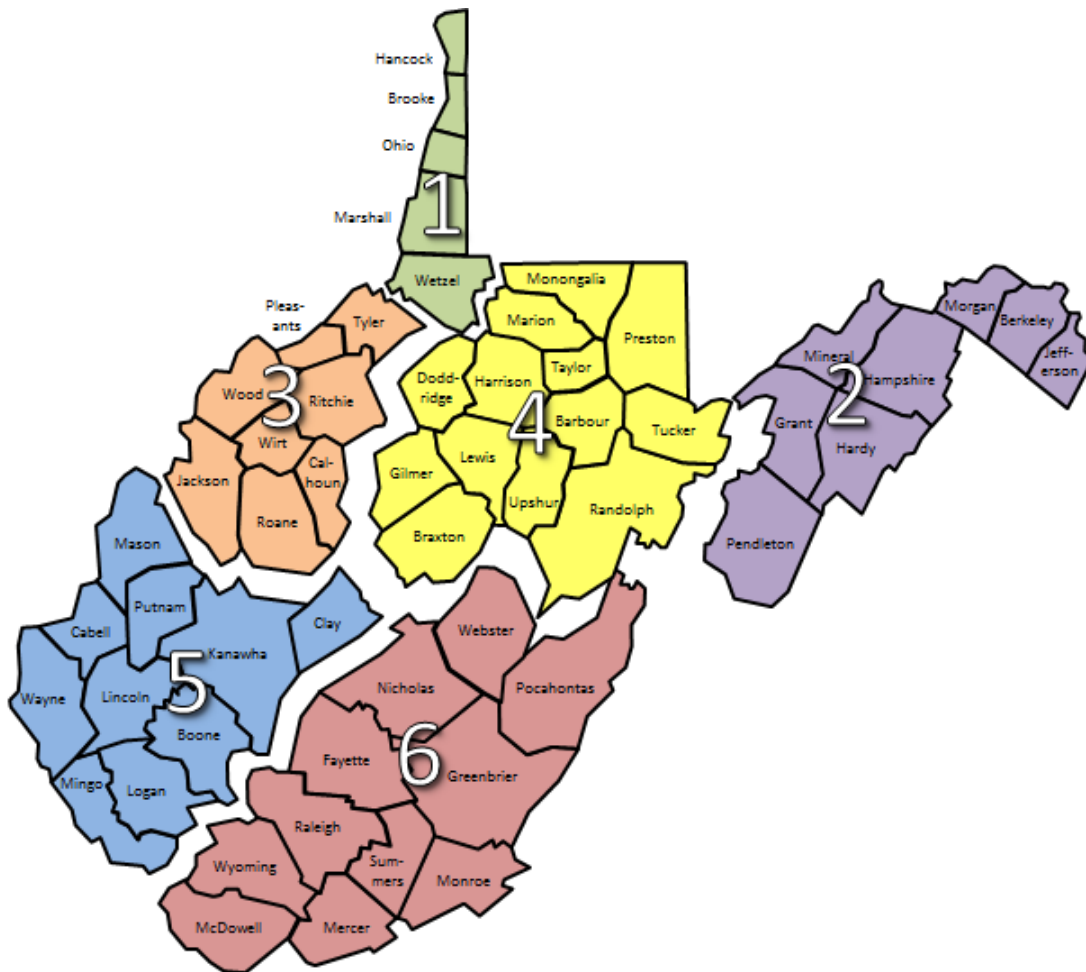
FUNDING REIMBURSEMENT

All grant funds are awarded and invoiced on a reimbursement basis. Grant invoices are to be prepared monthly and submitted with and supported by the Financial Report and Progress Report to receive grant funds. The grant total invoice should agree with amounts listed on the Financial Report and reflect actual expenses incurred during the preceding service period. All expenditures must be incurred within the approved grant project period in order to be reimbursed. Providers must maintain timesheets for grant funded personnel and activities performed should be consistent with stated program objectives.

REGIONS IN WEST VIRGINIA

The WV Bureau for Behavioral Health and Facilities utilizes a six (6) Region approach:

- Region 1:** Brooke, Hancock, Marshall, Ohio, and Wetzel Counties
- Region 2:** Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, and Pendleton Counties
- Region 3:** Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt, and Wood Counties
- Region 4:** Barbour, Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, Tucker, and Upshur Counties
- Region 5:** Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, and Wayne Counties
- Region 6:** Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, and Wyoming Counties



Other Financial Information

Allowable Costs:

Please note that Departmental Policies are predicated on requirements and authoritative guidance related to Federal grants management and administrative rules and regulations, Grantees shall be required to adhere to those same requirements when administering other DHHR grants or assistance programs, the source of which is non-Federal funds (e.g. state-appropriated general revenue and appropriated or non-appropriated special revenue funds) unless specifically provided direction to the contrary.

Cost Principles:

Subpart E of 2 CFR 200 establishes principles for determining the allowable costs incurred by non-Federal entities under Federal awards. The Grantee agrees to comply with the cost principles set forth within 2 CFR 200 Subpart E, regardless of whether the Department is funding this grant award with Federal pass-through dollars, state-appropriated dollars or a combination of both.

Grantee Uniform Administrative Regulations, (Cost Principles, and Audit Requirements for Federal Awards):

Title 2, Part 200 of the Code of Federal Regulations (2 CFR 200) establishes uniform administrative requirements, cost principles and audit requirements for Federal awards to non-Federal entities. Subparts B through D of 2 CFR 200 set forth the uniform administrative requirements for grant agreements and for managing Federal grant programs. The Grantee agrees to comply with the uniform administrative requirements set forth within 2 CFR 200 Subparts B through D, regardless of whether the Department is funding this grant award with Federal pass-through dollars, state appropriated dollars or a combination of both.